SMART Objectives



2003-04 Workplan

Overview

- 2003-04 Work Plan
- Writing a SMART Objective
- CATALYST Modifications

Activities need to be:

- **Sustainable** They create changes that will last over time, such as changing policies, systems, or operating procedures.
- **Population-based** They mobilize other systems or people to deliver direct services, rather than providing direct services.
- **Integrated** They are expected to achieve common outcomes.
- **Efficient** They take advantage of existing structures, resources, or programs, including statewide activities.

Tools for creating your work plan

- CATALYST reports
- Hidden website
- List-serv
- Work plan workbook FY 03-04
- A framework for writing a well focused activity objective

A well-written objective:

- Sets program priorities
- Aids in monitoring progress toward achieving program goals
- Is a logical extension of state & national objectives
- Is SMART!

SMART Objectives are:

- Specific
- Measurable
- **A**chievable
- Relevant
- Time-bound

Specific

- It identifies a specific event or action that will take place.
 - Who is expected to change or benefit?

Measurable

- It quantifies the amount of change to be achieved.
 - What/how much is expected?

Achievable

- It is realistic given available resources and plans for implementation, yet challenging enough to accelerate program efforts.
- Uses baseline measures to assist in estimating potential for success

Relevant

- It is logical and relates to the program's goals.
- It is sufficiently meaningful & important
- Considers required financial & human resources and the costbenefit of the intervention

Time-bound

- It specifies a time by which the objective will be achieved.
 - When will the change occur?

Example

By December 2003, increase the number of school districts that are implementing a tobacco-use prevention curriculum to at least X.

SMART

By <u>December 2003</u>, increase the <u>number of school districts</u> that are <u>implementing a tobacco-use</u> <u>prevention curriculum</u> to <u>at least X</u>.

- Specific number of school districts implementing curriculum
- Measurable at least X
- Achievable realistic in the given time frame
- Relevant youth prevention
- Time-bound will be achieved by December 2003

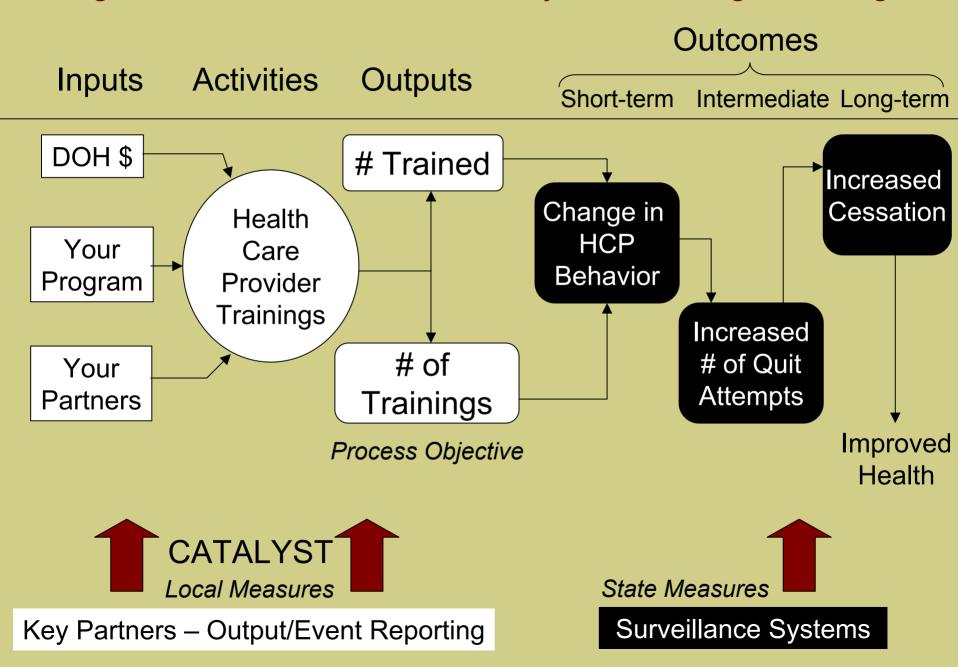
Two objective types

- An outcome objective states the expected attitude or behavior change resulting from an intervention activity.
- A process objective describes program activities.
- Make your objective one that you can measure at the end of your contract year.

Outcome Objectives

- Long-term take years to achieve
- Intermediate include behavior change, normative change, and change in policies
- **Short-term** immediate effects of the program activities. Focus is on knowledge, attitude and skills gained by a target audience

Logic Model: C3.04 Health Care Systems Change/Training



Common process objective verbs

- Conduct
- Promote
- Establish
- Develop
- Identify
- Prepare
- Design
- Distribute

- Offer
- Provide
- Inform
- Fund
- Create
- Participate
- Negotiate
- Publish

Getting Started

Washington State Department of Health

Tobacco Prevention & Control Program 2003-04 Work Plan Workbook

DRAFT

Rev. 2-13-03



Health Care Systems Change/Trainings C3.04

Train health care providers and other stakeholders to provide brief interventions with clients that support smoking/tobacco cessation and also implement 'office reminder systems'. This may include becoming an instructor of the DOH Basic Tobacco Intervention Skills Training curriculum and then organizing community based trainings for clinicians or office staff. If you conduct this activity, you must use the DOH Basic Tobacco Intervention Skills Training Curriculum.

NOTE: Use of funds to provide Nicotine Replacement Therapy (NRT) as an incentive to health care settings serving low-income clientele for implementing system-wide changes must be specifically approved by contract managers based on justification. Appropriate justification includes: of health care system(s) to be served, of appropriate dispensation protocols (including criteria for exclusion, such as pregnancy, high blood pressure, etc.), estimated number of low-income (<200% of federal poverty guideline) clients to receive NRT, and of how comprehensive office approaches will be implemented. You may not use more than 5% of your TPC funds on NRT.

Outputs/Use to Report in CATALYST

- Number of health care providers and staff who receive training.
- Use journal entries to provide a summary of the activity including date, people involved, key decisions, or important findings about successes and barriers.

Recommended Audience (*CATALYST Target Audience)

- · Health Care Providers & Staff (*Occupation)
- · Low Income Populations (*Risk Factor)
- Use the CATALYST audience attribute lists to further define specific target or sub-populations for your community

Desired Outcomes

Increased proportion of health care systems and providers treat tobacco use as a "vital sign" and conduct effective interventions with patients.

Evaluation Tools Available

 <u>Training evaluations</u> including pre and <u>post tests</u>, included in the DOH Basic Tobacco Intervention Skills Training provided by TPRC.

Associated Benchmarks and Measures Statewide

- Increase interventions by health care providers with their patients.
- WA Measure: 63.9% of current tobacco users had ever been advised to quit using tobacco by a doctor; a total of 72.0% had been advised to quit by any kind of health care provider. (Source: Fall 2000 adult telephone survey)

2003-04 Workplan Workbook

- Choose an activity from your workbook
 - What are the outputs?
 - Who is the recommended audience?
 - What is the desired outcome?
 - What are the benchmarks and measures?
 - What are the related activities?

Example

C3.04 Health Care Systems Change/Tracking

- Outputs/Use to Report in CATALYST
 - Number of health care providers and staff who receive training.
- Recommended Audience:
 - Health Care Providers & Staff
 - Low Income Populations

Workbook example (con't)

- Desired Outcome:
 - Increased proportion of health care systems & providers that treat tobacco use as a "vital sign" & conduct effective interventions with patients.
- Associated Benchmark:
 - Increase interventions by health care providers with their patients.

SMART Objective

■ By <u>December 2003</u> <when> <u>train</u> at least <u>ten</u> <who> to much> health care providers <who> to conduct brief interventions with clients in our county <where>.

Practice Exercise



Community & School Policy

- S1: Establish & Enforce C4: Eliminate Exposure tobacco-free policies
 - to Secondhand Smoke
- Discuss possible activities
- Share local approaches
- Identify potential resources
- Collaboration & key partners
- Practice a SMART Activity Description



Modifications 2003-04 Workplan Entry

What's new in CATALYST?

- Contractor & contract screens
- Entering the FY 2003-04 work plan
- New output reporting features

Contractor & Contract Screens

- Contractor | Department of Health (DOH)

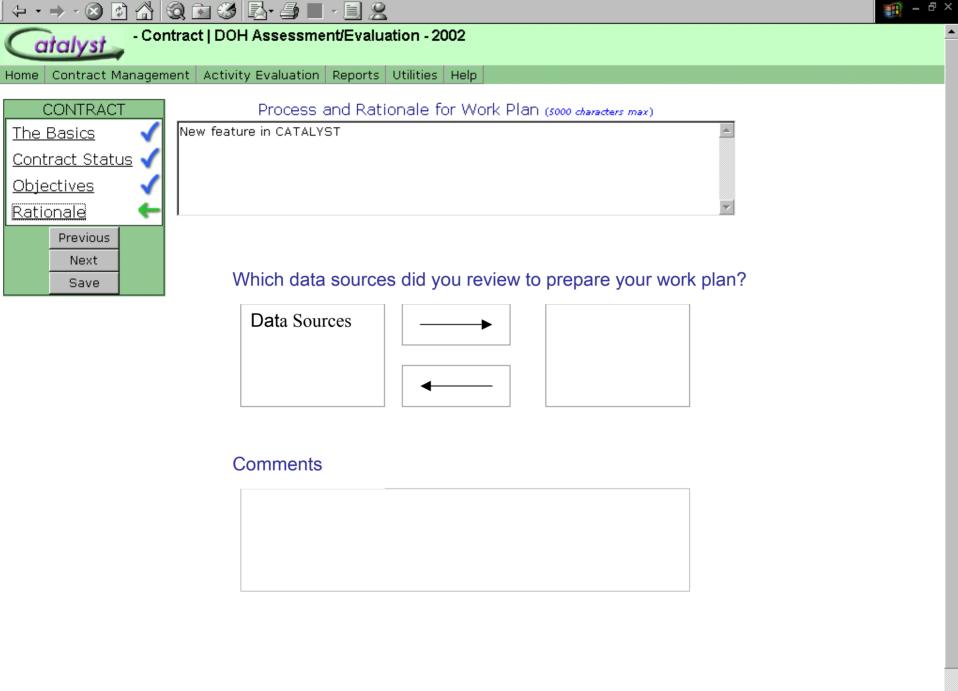
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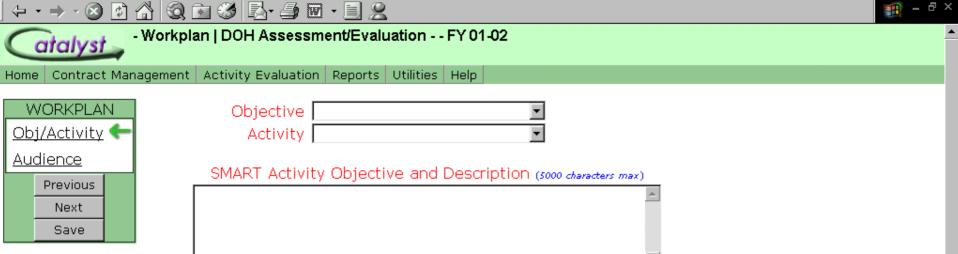
Type	Organization Administrator Advisory Board Member P&I Staff Other Contact	New Update
First Name		M.I.
Last Name		Phone () - x
Address 1		Fax ()
Address 2		E-mail
City	- select a City -	ZIP Code

Delet	е Туре	Name	Phone	E-mail
	<u>Assessment</u> <u>Contact,</u>	<u>Dilley, Julia A</u>	(360) 236-3632	julia.dilley@doh.wa.go∨
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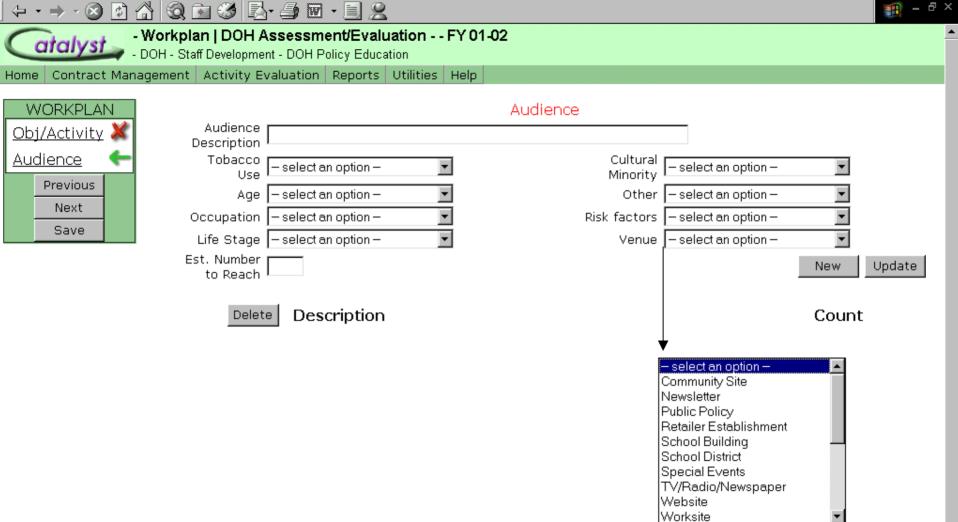




Work Plan Screens



(SMART - Specific, Measurable, Achievable, Relevant, Time-bound)



Reports



atalyst - Contract Plan Worksheet

Date Generated: 02/27/2003

Contractor: Department of Health (DOH)

Contract Year: FY 01-02

Contract Region: Washington

Columns 1-2 auto fill from planned activities		Columns 3-6 for contractor use						
Activity	Audience	When	Where	Who	Other			
	# to reach & target audience	Approximate dates for implementation	Location	Key partners & Project Lead	Materials needed, budget/in- kind issues, key messages identified, etc.			
DOH - Conduct Surveillance/Evaluation								
DOH Advisory	Evaluation Constituents: 43 Research Professionals (Volunteer & Contract): 25							
DOH Cessation Support	Cessation Staff & Constituents: 15							
DOH Community Program Support	Community Contractors: 95							
DOH Disparity Support	Multicultural Workgroup & Constituency: 20							
DOH Public Education/Awareness Support	Media staff & contractors: 10							
DOH Results Communication	County-based contractors/stakeholders: 45 ESD staff: 9 Key legislative staff: 30							
DOH School Program Support								
DOH Staff Dev't	Assessment Staff & Primary Contractors: 5							
DOH State Policy Support	Statewide partners: 25							
DOH Surveillance Systems	Washington state adult residents: 12000 Washington State Youth (ages 10-13): 1500 Washington State Youth (ages 14-17): 1500							
DOH Tribal Support	Tribal Partners: 25							
DOH Youth Empowerment/Involvement	Youth-serving statewide organizations/staff: 15							

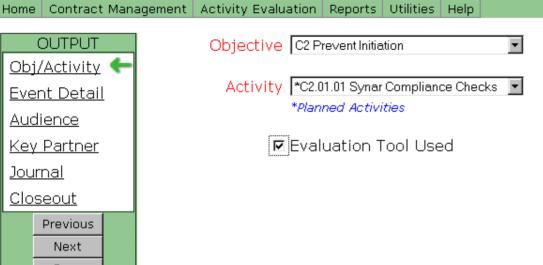
Output/Events Screens







Save





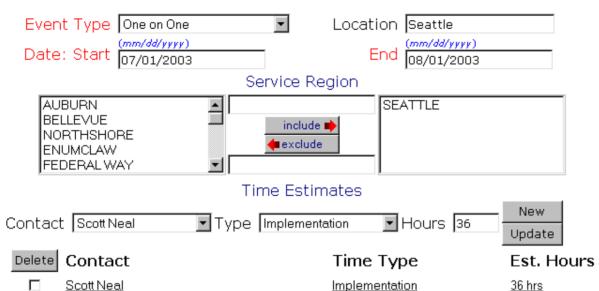


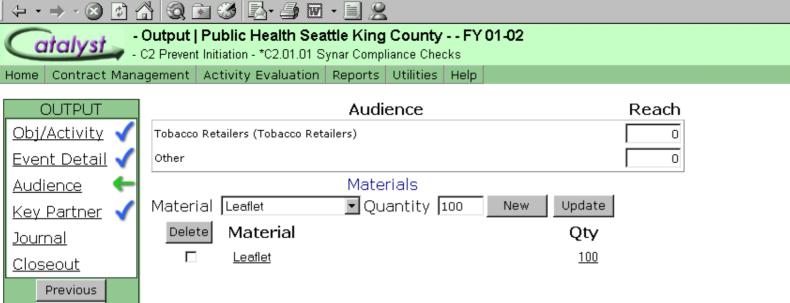


- Output | Public Health Seattle King County - FY 01-02
- C2 Prevent Initiation *C2.01.01 Synar Compliance Checks

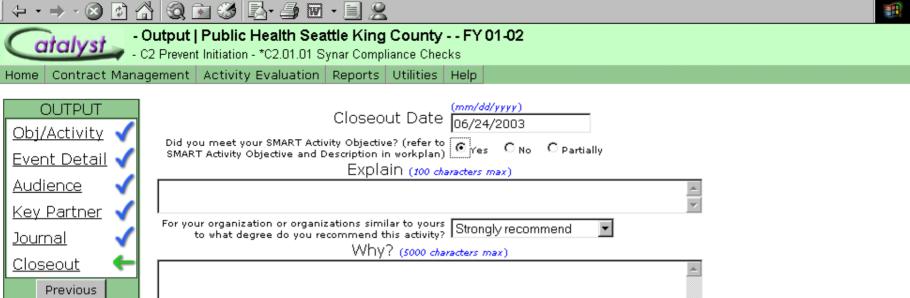
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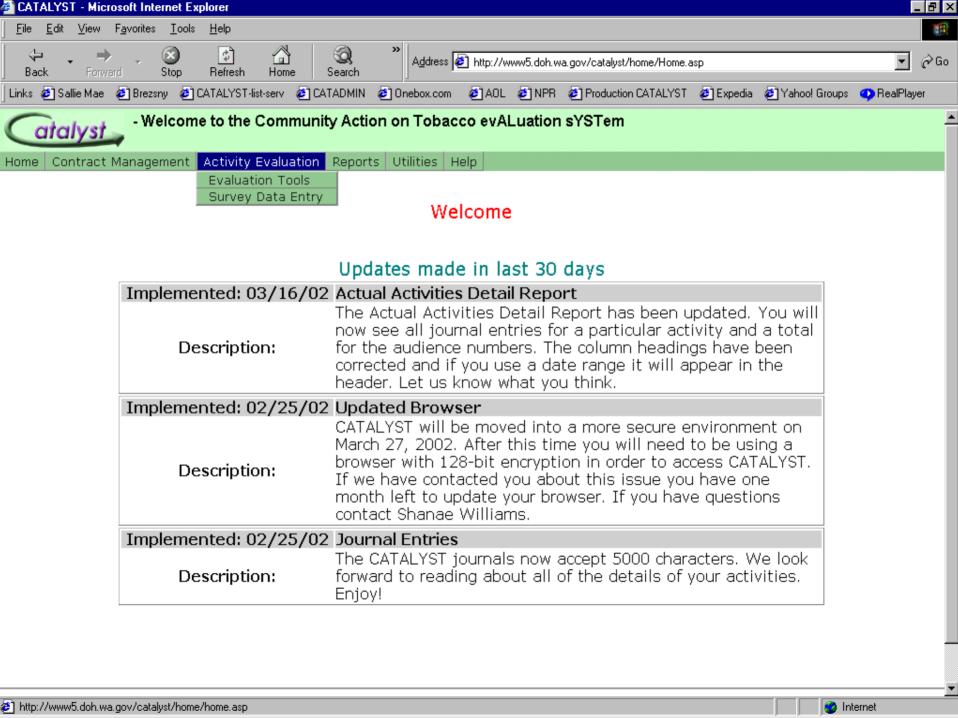
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Phase II Activity Evaluation

UPDATE



Activity Evaluation

- What is Phase II Activity Evaluation
- Working out the bugs
- Training options

What to do when you get home







Resource Checklist





☑ Hidden Website



☑ Work Plan Workbook



☑ Contract Managers



Thank You

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